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REVOCATION OF POWER OF ATTORNEY WITH **NEW POWER OF ATTORNEY** AND

CHANGE OF CORRESPONDENCE ADDRESS

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Application Number	10/829,460
Filing Date	4/22/2004
First Named Inventor	Michael IOELOVICH
Art Unit	
Examiner Name	
Attorney Docket Number	3017-002P

I hereby rev	oke all pro	evious powers of attorney given in the above-identified application.			
A Pow	er of Attorn	ey is submitted herewith.			
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I am the:					
✓ Appl	icant/Invent	tor.			
Assig	gnee of rec	ord of the entire interest. See 37 CFR 3.71 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
		SIGNATURE of Applicant or Assignee of Record			
Signature		Men			
Name	Alexander Le	ykin			
Date	aug.	22, 2005 Telephone 972-4-6544806			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
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Application Number	10/829,460
Filing Date	4/22/2004
First Named Inventor	Michael IOELOVICH
Art Unit	
Examiner Name	
Attorney Docket Number	2047 003B

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I am the: Appl	I am the:						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
		SIGNATUR	E of Applicant	or Assignee	of Record		
Signature		<u></u>					
Name	Michael loelo	vich					
Date	Aug.	22, 2005		Telephone	772		4-206
NOTE: Signature: signature is requis	s of all the inven red, see below.	tors or assigness of record	of the entire interest o	rtheir representative(s) are required. Subr	nit multiple (orms if more than one
✓ Total o		ioms are submitted.					

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

Application Number	10/881,549	
Filing Date	June 30, 2004	
First Named Inventor	Lau	
Art Unit	2655	
Examiner Name		
Attorney Docket Number	PHAT-01000US1	

P.O.	missioner fo Box 1450 andria, VA 2									
Pleas	e withdraw me	as attorney or agent for	the above id	dentified	patent a	pplicat	ion, an	d		
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7	the attorneys/a	gents associated with Ci	ustomer Nui	mber		285	54			
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Signature										
Name	ame Burt Magen					Registration No. 3		37,175		
Date	9/9/00 Telephone No. 415.369.9660					.9660				
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.										

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT **AND CHANGE OF CORRESPONDENCE ADDRESS**

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Application Number	09/955,665	
Filing Date	September 19, 2001	
First Named Inventor	Busam	
Art Unit	2151	•
Examiner Name	Tran, Nghi V.	
Attorney Docket Number	PHAT-01008US0	

To: Commissioner P.O. Box 1450 Alexandria, VA								
Please withdraw	me as attorney or agent for the abov	e identified	patent a	pplication, ar	nd			
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The reasons for this r	equest are:				•			
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Name Burt Magen						37,175		
Date	9/9/05		l	Telephone I		15.369.9		
NOTE: Withdrawal is effective	e when approved rather than when received. U	Unless there a	re at least 3	0 days between	approval (of withdra	wal and the expiration	

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